



GEORGIA DEPARTMENT OF REVENUE
ALCOHOL & TOBACCO DIVISION
P.O. BOX 49728
ATLANTA, GA 30359

Due by the 15th of
each month
following month
in which
shipments were
made

MONTHLY REPORT OF MALT BEVERAGE SHIPMENTS INTO THE STATE OF GEORGIA

Report for the month and year of _____, _____

REPORT BY			
STREET ADDRESS			
CITY		STATE	ZIP CODE
IMPORTANT			
Give below a grand total in number of cases or kegs according to packing and size container of all malt beverage shipments to distributors located in the State of Georgia as reflected on Schedules of Shipments.			
NUMBER OF CASES OF KEGS	SIZE OF CASES OR KEGS	NUMBER OF CASES OR KEGS	SIZE OF CASES OR KEGS
(A) _____	48/7 oz. Cases	(H) _____	24/8 oz. Cases
(B) _____	36/8 oz. Cases	(I) _____	12/12 oz. Cases
(C) _____	24/12 oz. Cases	(J) _____	1 /4 bbl kegs
(D) _____	24/14 oz. Cases	(K) _____	1 /2 bbl kegs
(E) _____	24/16 oz. Cases	(L) _____	_____ Cases
(F) _____	12/32 oz. Cases		
(G) _____	24/7 oz. Cases		

AFFIDAVIT

I, _____, do state under oath that all facts, figures and circumstances set out
(Agent or Officer)
in the report herein made represent a full and complete statement of facts and figures concerning the matters herein reported, and particularly as related to the shipments of malt beverages to distributors within the State of Georgia, and that the invoices hereto referred to represent all shipments of malt beverages during the month shipped to distributors with the State of Georgia.

Subscribed and sworn to before me
this _____ day of _____,

SIGNED _____
(Authorized Agent)

(Notary Public)

TITLE _____



ATT-29 (REV 01/07)
GEORGIA DEPARTMENT OF REVENUE
ALCOHOL & TOBACCO DIVISION
SCHEDULE OF SHIPMENTS

[illegible]